

**St. John XXIII University Parish/ Catholic Center**

**Service and Outreach Grant Program**

**Request for Funding**

Please complete the following to help us evaluate your request. This form should be submitted by a registered St. John XXIII parishioner

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Registered Parishioner: Yes      No

Total cost of the project \_\_\_\_\_ Amount of your request \_\_\_\_\_

1. Describe your request including time line, location, expected outcome:

2. Explain how your activity is consistent with the mission of the parish:

3. What is innovative about your project?

4. Are there other members of St. John XXIII participating in your project/activity? Please name them.

5. How can we measure the success of your project?

6. When would you need the funds?

7. What other financial commitments have you received for this project?

8. Please attach a one page budget for your project.

Please note that if the project is approved and funded, you will be required to provide a written report at the conclusion of your project.

Date submitted \_\_\_\_\_